



**High Mountain ATV      2018 Membership Form**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

New ( ) or Renewal ( )

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Membership desired:

- ( ) Individual:     \$15
- ( ) Family:         \$20
- ( ) Business:      \$35

If Family Membership, please list the members of your family who live in your household:

\_\_\_\_\_

If Business Membership, please enclose your business card. Thank you.

Funds Attached: \$ \_\_\_\_\_

NOTE: Dues are on an annual basis with a due date of January 31st.

Dues for new members that are posted after October 1st include the following year.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If your membership is the result of efforts by a current member,  
please let us know who we should give credit to: \_\_\_\_\_

High Mountain ATV Association, Inc.  
P.O. Box 805  
Wallace, ID 83873  
Email: [hmatva@cebridge.net](mailto:hmatva@cebridge.net)